



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Treasure Valley Supported Living of Idaho, LLC	Region(s):	3
Agency Type:	ResHab	Survey Dates:	22 March 2017
Certificate(s):	RHA-5362 RHA-5369	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
16.04.17.404.04. 404.COMMUNICATION WITH PARTICIPANTS, PARENTS, LEGAL GUARDIANS, AND OTHERS. The residential habilitation agency must promote participation of participants, legal guardians, relatives and friends in the process of providing services to a participant unless their participation is unobtainable or inappropriate as prescribed by the plan of service; and The residential habilitation agency must promote participation of participants, legal guardians, relatives and friends in the process of providing services to a participant unless their participation is	Based on the review of 1 out of 3 participant records, it was determined the agency did not notify the Department within the twenty-four (24) hour timeframe due to a hospitalization. For example: Participant 3 was hospitalized in March 2017 to be monitored for seizure activity and the agency did not report the hospitalization to the Department.	1. TVSL Director, QIDP and Administrator will communicate each day in regards to potential CIR incidents. Such as hospitalization, adult protection services, death, law enforcement and serious illness, accident and emergency medical care. 2. QIDP and Administrator will review files to ensure that other incidents were not missed. If incidents have been missed, then an appropriate CIR will be created and sent to appropriate parties. 3. QIDP and Administrator will make sure that our new procedure is implemented as of 4/1/17.	4/1/2017



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
unobtainable or inappropriate as prescribed by the plan of service; and 04. Notification to Department of a Participant's Condition. Through a Department approved process, the agency must notify the Department within twenty-four (24) hours of any significant incidents affecting health and safety or changes in a participant's condition, including serious illness, accident, death, emergency medical care, hospitalization, adult protective services contact and investigation, or if the participant is arrested, contacted by, or under investigation by law enforcement, or involved in any legal proceedings. The events and the agency response to the events must be documented in the participant file. (3-29-12)		4. QIDP, Administrator and Director will communicate daily.	



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
Agency Representative & Title: Derek Mertz Administrator/QIDP <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>		Date Submitted: 3/31/2017	
Department Representative & Title: Sandi Frelly, Medical Program Specialist <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>		Date Approved: 4/5/2017	